



Group: **Kootenai County Employee Benefit Health Plan**  
 Administrator: **Regence**  
 Issuing Carrier: **Regence Blue Shield of Idaho**

Proposal No: **4845**  
 Proposal Date: **11/16/2023**  
 Effective Date: **01/01/2024**

**INDIVIDUAL STOP LOSS BENEFIT**

		<u>Current</u>	<u>Option 1</u>
Covered Benefits		<b>Medical, Rx Card</b>	<b>Medical, Rx Card</b>
Contract Basis		<b>PAID</b>	<b>PAID</b>
Individual Attachment Point		\$ 200,000	\$ 200,000
Aggregating Specific Deductible		\$ 100,000	\$ 100,000
Maximum Lifetime Reimbursement		<b>Unlimited</b>	<b>Unlimited</b>
Rate Cap		<b>Included</b>	<b>Included</b>
Experience Rated Refund		<b>Excluded</b>	<b>Included</b>
Rate per Month (Net Comm)	<u>Enrollment</u>		
Composite	756	\$ 126.68	\$ 139.37
Individual Commission (PEPM)		\$ 2.59	\$ 2.84
Est. Annual Premium (With Comm)		\$ 1,172,737	\$ 1,290,129

**AGGREGATE STOP LOSS BENEFIT**

		<u>Current</u>	<u>Option 1</u>
Covered Benefits		<b>Medical, Rx Card</b>	<b>Medical, Rx Card</b>
Contract Basis		<b>PAID</b>	<b>PAID</b>
Loss Limit Per Individual		\$ 200,000	\$ 200,000
Maximum Annual Reimbursement		\$ 2,000,000	\$ 2,000,000
Aggregate Margin		<b>125%</b>	<b>125%</b>
Monthly Accommodation		<b>Excluded</b>	<b>Excluded</b>
Rate Per Month (Net Comm)	<u>Enrollment</u>		
Composite	756	\$ 4.72	\$ 4.72
Individual Commission (PEPM)		\$ 0.00	\$ 0.00
Est. Annual Premium (With Comm)		\$ 42,820	\$ 42,820
Aggregate Attachment Point		\$ 13,858,569	\$ 12,392,261
Minimum Aggregate Attachment Point		\$ 12,472,712	\$ 11,153,035
Monthly Aggregate Claim Factors	<u>Enrollment</u>		
<u>Medical, Rx Card</u>			
Composite	756	\$ 1,527.62	\$ 1,365.99



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**OVERALL COST SUMMARY**

	<u>Current</u>	<u>Option 1</u>
Total Annual Fixed Costs (excl. Administration)	\$ 1,215,557	\$ 1,332,949
Variable Costs	\$ 13,858,569	\$ 12,392,261
Maximum Annual Liability	\$ 15,174,126	\$ 13,825,210

The EMPLOYER ACCEPTANCE below must be completed, signed and ALL pages of the Proposal must be returned by November 30, 2023. If we do not have the Group's proposal of acceptance by this date, we reserve the right to review updated data which may alter the rates, factors, and terms of the proposal.

## **QUALIFICATIONS AND CONTINGENCIES**

For this proposal to be considered sold, the Application for Stop-loss Insurance and Stop-loss Disclosure Form must be received and accepted at least 15 days prior to the effective date.

## **CONTRACT TERMS**

Seamless Reimbursement is included. This provides cash flow advantage to the Policyholder. When claims are processed, the claims below the specific deductible are paid from the Policyholder's fund and the claims above the specific deductible are paid by Regence Blue Shield of Idaho.

No New Laser at Renewal is included. For renewal business, Regence Blue Shield of Idaho will not add new lasers or increase existing lasers. If requested by the Policyholder, Regence Blue Shield of Idaho can provide a laser option.

Claims paid outside the plan document are excluded from reimbursement under the Stop-loss Agreement.

The proposal includes the SKDP program with dialysis payments at 150% of Medicare for out of network benefits. (SKDP is not available on HSA Plans.)

The Minimum Aggregate Stop-loss Attachment Point is 90%.

This proposal includes an Experience Rate Refund. The Policyholder will be eligible for an Experience Rated Refund (ERR) based on positive claims experience for the CBRM individual stop-loss coverage. The Policyholder will be eligible to receive an ERR equal to 35% of net surplus. The net surplus is calculated as 65% of the individual stop-loss annualized Covered Unit costs (net of commissions) for the Term minus the sum of all claims that have exceeded the Individual Stop-loss Attachment Point. The ERR will not exceed 15% of the individual stop-loss annualized Covered Unit costs (net of commissions) for the Term.

Rate Cap of **50%** is included in this proposal.

Alliant may be eligible for contingent compensation to support Pool Management.

Eligible paid claims applied to the Aggregating Individual Stop-loss Attachment Point are not eligible towards the aggregate settlement.

## **GENERAL TERMS**

Group/Policyholder represents that they have completed any necessary registrations as a self-funded plan.

Occupational sicknesses or injuries are excluded from coverage.

Retirees and their dependents are excluded from coverage.

Proposal assumes the current plan of benefits.

Once finalized, the proposal is guaranteed except in the case of i) changes to a government mandated benefit, premium tax or surcharge; ii) an amendment of the benefit plan or Stop-loss Agreement; iii) addition or deletion of a business unit, division, subsidiary, or affiliated companies or iv) enrollment change of +/-10% from the proposed census count shown on the proposal page.

Proposal rates and factors are based upon Regence administering all claims.

Proposal rates and factors are based upon Group/Policyholder utilizing Regence as the provider network.

This proposal precedes and assumes the execution of a final Stop-loss Agreement incorporating these and other terms that are binding on the parties. To the extent the terms set forth in this document conflict with those in the Agreement, the terms in the final Agreement shall control.

All Individual and/or Aggregate claims will be pended subject to all premiums being paid up to date.

**EMPLOYER ACCEPTANCE**

  X   I acknowledge that this document includes all selected benefit options and rates associated with these benefits. Furthermore, I agree to the effective date of coverage, qualifications, and contingencies listed in this document.

  X   I acknowledge that the final Stop-loss Agreement between the parties may contain terms in addition to those set forth in this document, and that the Agreement represents the final and complete agreement of the parties regarding the terms set forth therein.

  X   I acknowledge the Supplemental Kidney Dialysis Program (SKDP) with dialysis payments at 150% of Medicare for out of network benefits is included. (SKDP is not available on HSA Plans.)

Authorized Signature: \_\_\_\_\_

Date: \_\_\_\_\_